The Contractor attests its compliance with the State of Missouri network standards for each region in which it operates, as delineated in the MO HealthNet Managed Care Contract and as required by any state and federal laws.

|  |
| --- |
| **Network Attestation Statement****From** |
| **Managed Care Organization Name****Contract Number** |
| **Contract Year Ending** |

To

**MO HealthNet Division, Missouri Department of Social Services**

[ ]  I hereby attest that the Network Development and Management Plan submitted **does not meet** the Network Standards identified in the MO HealthNet Managed Care Contract for the following region(s):

**(List each region)**

[ ]  I hereby attest that the Network Development and Management Plan submitted **meets** all Network Standards identified in the MO HealthNet Managed Care Contract for the following region(s):

**(List each region)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***(Network Administrator or Designee Signature)*** |  |  ***Date*** |
|  |  |  |
| ***(Printed Name of Network Administrator or Designee)*** |  |  ***Date*** |